



MARYLAND VFC PROGRAM VACCINE INVENTORY FORM
(DHMH Form 4499; Revision Date: May 2012)

INSTRUCTIONS:

1. Submit an inventory form (DHMH 4499) when your vaccine supply is low (less than one month of vaccine inventory on hand). Do NOT wait until your vaccine inventory is depleted before submitting an inventory form (DHMH 4499).
2. Your VFC provider identification number (PIN) is required with every inventory submission. List the PIN on both pages of the inventory form (DHMH 4499).
3. If applicable, describe any special delivery instructions (i.e., no delivery on Wednesday).
4. Write in the number of doses of each VFC vaccine brand on hand by Lot #. List the Lot # of all VFC vaccine brands. List the expiration date of all VFC vaccine brands.
5. DT pediatric, Hiberix, PPV23 and Td vaccines are only available upon request. Please call the VFC Contact Center.
6. Fax both pages of the inventory form (DHMH 4499) to the Maryland VFC Program at (410) 333-5893.
7. Vaccine delivery can be expected approximately 2 weeks after faxing.
8. Previous versions (before May 2012) of this form will not be accepted.
9. This form is available on the internet. Go to www.dhmh.maryland.gov (Vaccinations; VFC tab).
10. Requests to change vaccine preferences will require a written justification. Include the current vaccine preference, which vaccine to substitute and the reason for the change.

The VFC Program will attempt to honor all vaccine requests, however the VFC Program reserves the right to ship vaccine based on VFC Program need or vaccine supply. Please send all change requests to either address:

Maryland VFC Program 201 W. Preston Street, Suite 318 Baltimore, Maryland 21201 Attn: VFC Chief	Fax: 410-333-5893
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